

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

09994560

	·			112		/30//						
		CLAIMS AS	S FILED - PART I (Column 1) (Colum			mn 2)	_	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			21		•			RATE	FEE] [RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	370.00	OR	BASIC FEE	740.00
ТО	TAL CHARGEA	BLE CLAIMS	21- mir	nus 20=	* /			X\$ 9=	19:00	OR	X\$18=	
IND	EPENDENT CL	AIMS	3 _ minus 3 = *g'					X42=	· / 20/	OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT		/		r	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0					r "0" in c	olumn 2	L	TOTAL	379,00	, 1	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	
		(Column 1)		(Colu		(Column 3)		SMALL	-NIIIY	OR	SMALL	<u> </u>
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CL AINA	=	ſ	X42=		OR	X84=	
<u>L</u>	FIRST PRESE	NTATION OF M	OLTIPLE DEI	PENDEN	CLAIM		ſ	+140=		OR	+280=	
											TOTAL	
										OR	ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL ALA4	=	Ī	X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM			+140=		OR	+280=	
			Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE					
	(Column 1) (Column 2) (Column 2)											
		CLAIMS	,		HEST		_		4551	1	·	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	ľ	X\$ 9=		OR	X\$18=	,
ME	Independent	*	Minus	***		=	t	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM	CLAIM						
	If the entry in eater	mn 1 is loss than t	he entry in sele	ımn 2 weil	e "O" in co	dumn 3		+140=		OR	+280=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE											
		nber Previously Pa					four	nd in the app	propriate bo	x in co	ilumn 1.	

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